

WORKPLACE VIOLENCE INCIDENT REPORT

Department/University: _____

Division: _____

Work County: _____

Date of Incident: _____

TYPE OF INCIDENT: (Check one or more)

Threat:

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Communicated directly to victim | <input type="checkbox"/> Verbal |
| <input type="checkbox"/> Communicated to another person | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Other (Specify) _____ | <input type="checkbox"/> Note |
| _____ | <input type="checkbox"/> E-Mail |

Intimidation:

- ☐ Stalking
- ☐ Engaging in actions intended to frighten, coerce, or induce duress
- ☐ Other (Specify) _____

Physical Attack:

- ☐ Hitting, fighting, pushing, or shoving
- ☐ Use of object as weapon
- ☐ Use of weapon such as gun or knife
- ☐ Other (Specify) _____

Property Damage:

- ☐ Damage to State Property
- ☐ Damage to personal property
- ☐ Other (Specify) _____

VICTIM(S) INFORMATION: (Use numerical numbers in this section)

Total number of victim(s): _____

If victim(s) sustained physical or traumatic/emotional injury indicate the number(s) in each of the following categories:

_____ Physical injury	_____ Trauma/Emotional injury
_____ Medical care required	_____ EAP/Psychological care provided
_____ Workers' Compensation claim(s) filed	_____ Attended Trauma Debriefing

VICTIM INFORMATION CONTINUED

Sex:

- ☐ Male
☐ Female

Race:

- ☐ White
☐ Black
☐ Native American
☐ Hispanic
☐ Asian American
☐ Other

Age:

- ☐ 18-21
☐ 22-29
☐ 30-39
☐ 40-55
☐ Over 55

PERPETRATOR INFORMATION: (If known)

- ☐ Employee
☐ Supervisor
☐ Former Employee

- ☐ Spouse/Family Member
☐ Customer/Client
☐ Stranger

Sex:

- ☐ Male
☐ Female

Race:

- ☐ White
☐ Black
☐ Native American
☐ Hispanic
☐ Asian American
☐ Other

Age:

- ☐ 18-21
☐ 22-29
☐ 30-39
☐ 40-55
☐ Over 55

If perpetrator was employee, supervisor, or former employee, complete the following:

Classification:

- ☐ Officials and Administrators
☐ Management Related and Marketing
☐ Professionals
☐ Technicians and Technologist
☐ Administrative Support
☐ Law Enforcement, Firefighters, Police, and Guards
☐ Service Occupations
☐ Craft and Production

Length of employment:

- ☐ Less than 1 year
☐ 1 - 5 years
☐ 5 - 10 years
☐ 10 - 15 years
☐ 15 - 20 years
☐ 20+ years

Have other incidents been reported regarding this perpetrator?

☐ yes ☐ no

If so how many? _____

Reason for Incident: (If known, check all that apply)

- ☐ Conflict with co-worker(s)
☐ Conflict with supervisor
☐ Family/domestic dispute
☐ Receiving a poor performance appraisal
☐ Receiving disciplinary action
☐ Racial tension

- ☐ Alcohol/drugs in the workplace
☐ Mental health problems
☐ Reduction in force
☐ Dismissal
☐ Other _____

INITIAL RESPONSE: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Situation defused | <input type="checkbox"/> Crisis Management Team notified |
| <input type="checkbox"/> Security called | <input type="checkbox"/> EAP consulted |
| <input type="checkbox"/> Police called | <input type="checkbox"/> Employee placed on Investigation Status |
| <input type="checkbox"/> Other (Specify) _____ | |

ACTION TAKEN: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Written warning | <input type="checkbox"/> Dismissal |
| <input type="checkbox"/> Suspension | <input type="checkbox"/> Restraining order |
| <input type="checkbox"/> Transferred employee | <input type="checkbox"/> Charges filed |
| <input type="checkbox"/> Mediation | <input type="checkbox"/> Other action taken: (Specify) |
| <input type="checkbox"/> No action taken | _____ |

Report submitted by: _____

Date: _____

Title: _____

Telephone: _____